2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000047870

1. Entity Name CERTOSA DEVELOPMENT, INC.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

7400 SW 50 TER #207

MIAMI, FL 33155 US

Mailing Address

7400 SW 50 TER #207 MIAMI, FL 33155 US



DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0522214 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ARTIGUES, SERGIO R 7400 SW 50 TER #207 MIAMI, FL 33155

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

/02/08-80068-006 150.00

10. OFFICERS AND DIRECTORS TITLE NAME ARTIGUES, SERGIO R STREET ADDRESS 7400 SW 50 TER #207 CITY - ST - Z/P MIAMI, FL 33155 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. ARTIGUES, PRES.

305-666*-6556*

Davime Phone #